## **Waiver Request and Approval**

<b>File Location</b> (location of artifact associated with requirement being waived):
Request Date:

## **Requester Name:**

**Document Identifying Requirement to be Waived** (name, number, version, effective date, etc.):

**Description of Requirement to be Waived:** 

**Justification for Waiver Request:** 

	Originator	Reviewer	Reviewer	Reviewer	Document/ Process Owner	IMS Rep.
Name						
Signature						
Date						

IMS Form 1009, Rev. A Effective Date: 11/02/2005